

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH**  
**COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

3

3 CANDIDATE/  
OFFICEHOLDER  
NAME

MS / MRS / M

FIRST

MI

Mr.

John

G.

NICKNAME

LAST

SUFFIX

Clamp

4 CANDIDATE/  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
8531 N. New Braunfels 203 San Antonio, Tx 78217

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210)

804-2019

6 CAMPAIGN  
TREASURER  
NAME

TITLE

FIRST

MI

Mr.

Steve

B.

NICKNAME

LAST

SUFFIX

Grau

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or  
business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
15873 Redwoods Manor San Antonio, Tx 78247

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210)

834-1272

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer  
appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☒ Final report (attach C/OH - FR)

10 PERIOD  
COVERED

7/1/2003 THROUGH 12/31/2003

11 ELECTION

ELECTION DATE

5/3/2003

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Councilman District 10

14 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval.  
Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

☐ additional page

Address / PO Box;

Apt. / Suite #;

City;

State;

Zip Code

**GO TO PAGE 2**  
**CFR**

Revised 09/01/2003

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CITY CLERK  
2004 JAN 16 AM 10:08

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

John G. Clamp

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

\*\* This box is for notice of political expenditures by political committees to support the candidate/officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

2004 JAN 16 AM 10:08

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CITY CLERK18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS), UNLESS ITEMIZED

\$

0.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

0.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

9,885.51

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

0.00

OUTSTANDING  
LOAN TOTALS

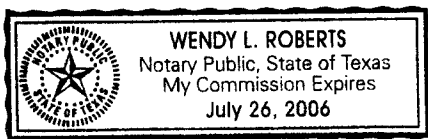
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JOHN CLAMP, this the 15<sup>TH</sup> day of JANUARY, 20 04, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

WENDY L. ROBERTS  
Printed name of officer administering oath

NOTARY PUBLIC  
Title of officer administering oath

CFR

**POLITICAL EXPENDITURES****SCHEDULE F**

2004 JAN 16 AM 10:08

<b>The Instruction Guide explains how to complete this form.</b>		<b>1 Total pages Schedule F: 1</b>	
<b>2 FILER NAME</b> <i>John G. Clamp</i>		<b>3 ACCOUNT # (Ethics Commission filers)</b>	
<b>4 Date</b> <i>7/1/2003</i>	<b>5 Payee name</b> <i>Republican Mens Club</i> <b>6 Payee address;</b> <i>3463 Magic Drive</i>	<b>7 Amount (\$)</b> <i>\$100.00</i>	<b>City; State; Zip Code</b> <i>San Antonio, TX 78229</i>
<b>8 Purpose of payment (See instructions regarding type of information required.)</b> <i>Donation To Candidate Seminar</i>		<b>9 ** Complete if direct expenditure to benefit C/OH **</b> Candidate/Officeholder name    Office sought    Office held	
<b>Date</b> <i>7/1/2003</i>	<b>Payee name</b> <i>John Clamp</i> <b>Payee address;</b> <i>8531 N. New Braunfels, Suite 203</i>	<b>Amount (\$)</b> <i>\$8,758.64</i>	<b>City; State; Zip Code</b> <i>San Antonio, TX 78217</i>
<b>Purpose of payment (See instructions regarding type of information required.)</b> <i>Reimbursement of Campaign Expenses</i>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate/Officeholder name    Office sought    Office held	
<b>Date</b> <i>7/1/2003</i>	<b>Payee name</b> <i>Keller Photography</i> <b>Payee address;</b> <i>1110 Branch Spring</i>	<b>Amount (\$)</b> <i>\$136.87</i>	<b>City; State; Zip Code</b> <i>San Antonio, TX 78258</i>
<b>Purpose of payment (See instructions regarding type of information required.)</b> <i>Photography Services</i>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate/Officeholder name    Office sought    Office held	
<b>Date</b> <i>7/1/2003</i>	<b>Payee name</b> <i>Delia Clamp</i> <b>Payee address;</b> <i>8514 Tiguex</i>	<b>Amount (\$)</b> <i>\$890.00</i>	<b>City; State; Zip Code</b> <i>Universal City, TX 78148</i>
<b>Purpose of payment (See instructions regarding type of information required.)</b> <i>Expense Reimbursements (Gas, sign materials, misc.)</i>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate/Officeholder name    Office sought    Office held	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CFR

Revised 09/01/2003

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

**1 C/OH NAME**

John Clamp

**2 ACCOUNT #** (Ethics Commission files)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

-- Complete A &amp; B below only if you are not an officeholder. --

**A. CAMPAIGN FUNDS**

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

**5 OFFICEHOLDER**

-- Complete this section only if you are an officeholder --



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

2004 JAN 15 PM 3:08

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